

3762

PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/693,551
Filing Date	10 Oct 2000
First Named Inventor	Kroll
Title	Electrical Cardiac Output Force
Art Unit	3762
Examiner Name	Jastrzab
Attorney Docket Number	43169.62.1

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Name	Registration Number
Kai Kroll, pro se	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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<input checked="" type="checkbox"/> Firm or Individual Name	Kai Kroll				
Address	Galvani, Suite 190				
Address	6901 East Fish Lake Road				
City	Maple Grove	State	MN	Zip	55369
Country	USA				
Telephone	763-463-0000	Fax	763-463-4817		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

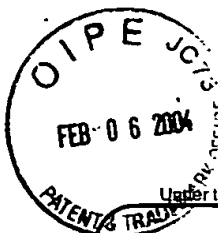
Name	Kai Kroll		
Signature			
Date	30 Dec 2003	Telephone	763-463-0000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Attorney Docket Number	43789,62.1

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Kai Kroll, pro se	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mark Kroll		
Signature			
Date	30 Dec 2003	Telephone	805-582-4966

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